

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0310158 AF

DOCUMENT # L99000006238

1. Entity Name
STORAGE VENTURES II, LLC

00 MAY -3 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1546 METROPOLITAN BOULEVARD, #4
TALLAHASSEE FL 32308-3775

Mailing Address
1546 METROPOLITAN BOULEVARD, #4
TALLAHASSEE FL 32308-3775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3604305		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GROW, WILLIAM A JR 1546 METROPOLITAN BOULEVARD, #4 TALLAHASSEE FL 32308-3775		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROW, WILLIAM A JR 1546 METROPOLITAN BOULEVARD, #4 TALLAHASSEE FL 32308-3775 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000003269509--1 -05/30/00--01005--018 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Union INvestment Co., Inc. P. O. Box 375 Colquitt, GA 31737 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rose, Dwight 9901 San Sierra Way Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hannaman, Roy 105 87th Avenue North St. Petersburg, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. (850) 422-0290

SIGNATURE: William A. Grow, Jr. Managing Member 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)